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FORM 3

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorize		onzea Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	A Mariana and A
Friends of Roy BI	unt 		<u> </u>	111111
ADDRESS (number and st	PO Box 10178			
Check if differe than previously reported. (ACC)	_I Columbia		MO 65205-4	1002
C C00304758	end-wedined	CITY A B. IS THIS NEW REPORT (N) OR	STATE AMENDED (A)	ZIP CODE STATE ▼ DISTRICT
	(b)	12-Day PRE-Election Report for the Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
g=3	Quarterly Report (Q3)	M M / D D Election on	, , , , , , , , , , , , , , , , , , , 	in the State of
Const	Year-End Report (YE) (c) Report (TER)	30-Day POST -Election Report for the General (30G) Election on	Runoff (30R)	Special (30S) in the State of
5. Covering Period	M M / D D / V	2013 through Of	M / D D / Y Y Y S	013 E
I certify that I have examing type or Print Name of Ti		best of my knowledge and belief it is Repfle DTreasur		lete.
Signature of Treasurer	reasurer Milk T Date Re	phyle	Date 07	12 / 2013
NOTE: Submission of false Office Use Only	e, erroneous, or incomplete in	nformation may subject the person signin	FÉ	C FORM 3 evised 02/2003)